

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Prince Georges
Village or City Cheltenham

442

Registration Dist. No.

240

St. Ward

Length of residence in city or town where death occurred 27 yrs.
mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

John William Addison

(a) Residence: No. Cheltenham, Md.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M Col.

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Harriet Addison

6. DATE OF BIRTH (month, day, and year)

Dec 4-1858

7. AGE

Years
77Months
3Days
0It LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, LAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Dec 20, 1936

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town)
(State or country)

North Keys, Md.

MOTHER FATHER

13. NAME John William Addison

14. BIRTHPLACE (city or town) North Keys, Md.

15. MAIDEN NAME Charlotte Jervier

16. BIRTHPLACE (city or town) North Keys, Md.

17. INFORMANT Harriet Addison

Place: Gibbons Cemetery Date: Nov. 6, 1936

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Ritchie Brothers

(Address) Upper Marlboro, Md.

20. FILED Nov. 5, 1936 Mrs. J. K. Smith

Registrar.

21. DATE OF DEATH

March 4, 1936
(Month) (Day) (Year)

I HEREBY CERTIFY. That I attended deceased from

Dec 20, 1935, to March 4, 1936; death is said to have occurred on the date stated above, at 5A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were, as follows:

Angina Pectoris
Cerebral Hemorrhage

Date of onset

4/29/36

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) John E. Boroway

(Address) Brandermore, Md.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	APP 4 1936	1915
Cerebral hemorrhage	U. S.	1921

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

3129

1. PLACE OF DEATH

County *Prince George's County* 93-C
 Village or City *Riversdale* Registration Dist. No. **2445**
 St., Ward

Length of residence In city or town where death occurred **15** yrs. **mos.** **ds.** How long in U. S. if of foreign birth? **mos.** **ds.**

2. FULL NAME *Ordway Henry Ballinger* U. S. Veteran, specify WAR

(a) Residence: No. *202 Lincoln* St. Ward.
 (Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Eleanor N. Ballinger

6. DATE OF BIRTH (month, day, and year) *August 6 1875*

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	60	7	24	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	<i>Supt. Met. Bldg</i>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	<i>3/24/36</i>
11. Total time (years) spent in this occupation	<i>4</i>

12. BIRTHPLACE (city or town)
(State or country) *Moya, Va.*

13. NAME *John Ballinger*

14. BIRTHPLACE (city or town)
(State or country) *Va.*

15. MAIDEN NAME *Martha Sparks*

16. BIRTHPLACE (city or town)
(State or country) *Va.*

17. INFORMANT *Richard Ballinger*
(Address) *Riversdale Md.*

18. BURIAL, CREMATION, OR REMOVAL
Place *Holy Day* Date *April 1, 1936*

19. UNDERTAKER *J. J. Jaschinski Son*
(Address) *Oxon Hill Md.*

20. FILED *Jan 5, 1936* For *Deary* Registr. M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *March 30* 1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from *March 24, 1936, to March 30, 1936.*

I last saw him alive on *March 30, 1936*; death is said to have occurred on the date stated above, at *2 P.M.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Cardiac Arthritis Date of onset
3/30/36

Pneumonia Bronchitis

Other Contributory Causes of importance:

Hypertension Ch. Date of
1934

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred IN INDUSTRY, IN HOME, or IN PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Walter H. Dean* M. D.

(Address) *Montgomery, Md.*

MARGIN RESERVED FOR BINDING

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V. S. No. 1

1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis I.P.D. B. 1936

Cerebral hemorrhage

RECEIVED
BUREAU V. S.

Example 11

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Prince Georges
Village or City Brentwood

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

Registration Dist. No. 30245

3130

No. Cedarcroft Sanitarium Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Heloise Barbot(a) Residence: No. 4 Percy St.
(Usual place of abode)St., If U. S. Veteran, specify WAR 1636Ward Hagerstown Md.
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W.5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDecimus C. Barbot

6. DATE OF BIRTH (month, day, and year)

June 21 - 1875

7. AGE

Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
<u>60</u>	<u>9</u>	<u>7</u>	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country) Charleston S.C.

MOTHER

FATHER

13. NAME Michael H. Collins

14. BIRTHPLACE (city or town)

(State or country) Freeland15. MAIDEN NAME Pamela Rummell

16. BIRTHPLACE (city or town)

(State or country) Charleston S.C.17. INFORMANT Mrs. J. T. Keatris (daughter)
(Address) 4 Percy St. Hagerstown Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Charleston S.C. Date March 30 1936

19. UNDERTAKER

(Address) O. J. Gaskins SonHagerstown Md.20. FILED Mar. 30, 1936 Mrs. Joe StevensRegistrar John W. Johnson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 28, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

March 9, 1936, to March 28, 1936I last saw her alive on March 27, 1936; death is said to have occurred on the date stated above, at 9:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

EpilepsyDate of onset
unknown

Other Contributory Causes of importance:

Exhaustion

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Richard B. Philadelphian M. D.
(Address) 2012 - 1/2 Street, Wash, D. C.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
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- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

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1. PLACE OF DEATH

County Prince Georges

Village or City Forestville Upper Marlboro

119

Registration Dist. No.

335

St., Ward

Length of residence in city or town where death occurred yrs. 6 mos. 24 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Randolph Bright

(a) Residence: No. Forestville Md. St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

c

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)

August 19, 1935

7. AGE

Years

Months

7

Days

24

If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

Luther Bright

Norfolk Va.

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Fannie Barnes

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

Luther Bright

Forestville - Upper Marlboro

18. BURIAL, CREMATION, OR REMOVAL

Place Forestville Md. Date 3/15 - 1936

19. UNDERTAKER

(Address)

Luther Bright

Forestville Md.

20. FILED

(Address)

3/14 1936 Thos. D. Gifford

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 13

(Month)

(Day)

1936
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

March 12, 1936, to March 13, 1936

I last saw him alive on March 12, 1936; death is said
to have occurred on the date stated above, at 4:40 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Indigestion —

Malnutrition

Diarrhoea

Primary Cause: Gastro-enteritis

Other Contributory Causes of importance: Cervicitis

Mother's milk not
proper.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19-

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. W. Spiller

M. D.

Brentwood, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	APR 8 1936	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

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STATE OF MARYLAND—CERTIFICATE OF DEATH

3132

1. PLACE OF DEATH

County

Baltimore George

Baltimore George

23

Registration Dist. No.

234

St. Ward

Village or City

Length of residence in city or town where death occurred

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

2000 Locust Street

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED
OR DIVORCED (write the word)

Single

6. If married, widowed, or divorced

HUSBAND OF
(or) WIFE OF

6. DATE OF BIRTH (month, day, end year)

Aug 1, 1915

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

8. Trade, profession, or particular

kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

9. Industry or business in which

work was done, as SILK MILL,

SAW MILL, BANK, etc.

10. Date deceased last worked at

this occupation (month and

year)

11. Total time (years)
spent in this
occupation

4 years

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

George Bruce

14. BIRTHPLACE (city or town)

Charles County

(State or country)

15. MAIDEN NAME

Maggie Chapple

16. BIRTHPLACE (city or town)

Maryland

(State or country)

17. INFORMANT

(Address)

George Bryson

Asfookeek

18. BURIAL, CREMATION, OR REMOVAL

Place: Rosedale Cemetery Date: Mar 23, 1936

19. UNDERTAKER

(Address)

Penney-Dyer

Massey Spring

20. FILED

Mar 22, 1936

McAllister Davis

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 21
(Month)
(Day)1936
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

March 1936, to March 1936

I last saw him alive on about Mar 1936; death is said
to have occurred on the date stated above, at 12:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

1. Pulmonary Tuberculosis
2. Gouty Arthritis
3. Heart Disease
4. Hypertension
5. Diabetes
6. Years & Death
7. Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Flora Lynch

M. D.

Baldwin

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	APR 4 1936	1921

BUREAU V. S.

Other contributory causes of importance:

Gallstones

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

M

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Pearce GeorgeVillage or City Fairmount HeightsLength of residence in city or town where death occurred 2 yrs.mos. 9 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.Registration Dist. No. 2412No. 810 White Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Miley M. Butler(a) Residence: No. 210 White ave.St. X Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE Colored5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (*wid* the word) married

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLillie Irene Butler6. DATE OF BIRTH (month, day, end year) April 12, 18847. AGE 51 Years 11 Months 18 Days 18 If LESS than
1 day, hrs. min.8. Trade, profession, or particular kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. Farming9. Industry or business in which work was done, as SILK MILL,
SAW MILL, BANK, etc. Farm10. Date deceased last worked at this occupation (month and year) May 193611. Total time (years) spent in this occupation 3012. BIRTHPLACE (city or town) Charles Co. Md
(State or country)13. NAME Miley M. Butler14. BIRTHPLACE (city or town) Chas. Co. Md.
(State or country)15. MAIDEN NAME Caroline Bettas16. BIRTHPLACE (city or town) Chas. Co. Md.
(State or country)17. INFORMANT Mad. Miley M. Butler
(Address) Fairmount Heights18. BURIAL, CREMATION, OR REMOVAL
Place Wash DC Date 4/2, 193619. UNDERTAKER Henry S Washington
(Address) 467 26 street DC20. FILED March 20, 1936 Grace Lour
replies Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March30 (Month) 1936 (Year)22. I HEREBY CERTIFY, That I attended deceased from March 3, 1936 to March 30, 1936.I last saw h. m. alive on March 30, 1936; death is said to have occurred on the date stated above, at 3:00 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Influenza pneumonia 3/30/36

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fit in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Harrison C. Beldey M. O.
(Address) 819 Fairmount Ave

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	APR 4 1936	July 5, 1927
Other contributory causes of importance:		
Gallstones		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—**PRINT** PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

3134

1. PLACE OF DEATH

County

Prince George

Village or City

Bowie

Registration Dist. No.

243

Length of residence in city or town where death occurred

yrs.

mos.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth?

yrs. mos.

ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Mar. 22. 1936

7. AGE

Years

Months

Days

If LESS than
1 day, 15 hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Bowie

MOTHER

FATHER

13. NAME

Bobbie Reba Cox

14. BIRTHPLACE (city or town)

(State or country)

Lerona

W. Va.

15. MAIDEN NAME

Helen Cadell Law

16. BIRTHPLACE (city or town)

(State or country)

Preston

W. Va.

17. INFORMANT

(Address)

Bobbie R. Cox

Bowie Md

18. BURIAL, CREMATION OR REMOVAL

(Address)

Patientent

Date Mar. 24, 1936

19. UNDERTAKER

(Address)

Clarence Foreacre

Mt. Pleasant Md

20. FILED

(Address)

March 24, 1936

Registrar.

X
St. Ward
Length of residence in a hospital or institution, give its NAME instead of street and number
How long in U. S. if of foreign birth? yrs. mos. ds.Registration Dist. No. St. Ward
yrs. mos. ds.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 23, 1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Mar. 22, 1936, to Mar. 25, 1936

I last saw him alive on Mar. 22, 1936; death is said to have occurred on the date stated above, at 7 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Premature birth
(about 6 months)

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signatures)

John M. Clappier M. D.
(Address) Gambrills, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921

BUREAU V. S.

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL STATE and CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

¹ PLACE OF DEATH
County Prince Georges.

Village or City Bradbury Hts (No.)

2 FULL NAME John Spencer Cox

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word) married

6 DATE OF BIRTH

November 17, 1889
(Month) (Day) (Year)

7 AGE

46 yrs. 4 mos. 8 days or min?

IF LESS than

1 day..... hrs.

8 OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry business, or establishment in which employed or (employer)

Navy Yard D.C.

U.S. Govt.

9 BIRTHPLACE
(State or country)

Md.

10 NAME OF FATHER

John S. Cox

11 BIRTHPLACE OF FATHER
(State or country)

Unk.

12 MAIDEN NAME OF MOTHER

Unk.

13 BIRTHPLACE OF MOTHER
(State or country)

Unk.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert Spencer Cox

(Address) Bradbury Hts Md.

15 Filed 3/25 1936

Registrar

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 235

4424 Schley, St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 25

, 19236

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Feb. 15, 1936, to March 25, 1936,

that I last saw him alive on March 25, 19236, and that death occurred on the date stated above, at 5.30 P.M.

The CAUSE OF DEATH * was as follows:

Angina pectoris

1 hour (Duration) yrs. mos. ds.

Contributory Chronic myocarditis
Secondary Alcoholism

(Duration) several years ds.

(Signed) Vincent Gould, M.D.
March 25, 1936 (Address) 2015 Nichols Ave. SE Washington, D.C.

*State the Disease causing death, & in deaths from Violent Caus., state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death, yrs. mos. ds. In the State, yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Washington D.C.

DATE OF BURIAL
3-24, 1936

20 UNDERTAKER

W.W. Chambers 517-11st St. S.E.

ADDRESS

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary engineer*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Fcalculator," etc., without more precise specification as *Dyer*, *laborer*, *Farm laborer*, *Laborer*—*Cold mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housewife*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs*). For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Other pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Mumps*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anæmia*" (merely symptomatic), "*Aatrophy*," "*Collapse*," "*Cora*," "*Convulsions*," "*Debility*" ("Congenital," "Senile," etc.), "*Dropsey*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old Age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*PUERPERAL septicemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably such*, if impossible to determine definitely. Examples: *Accidental drowning*, *Struck by railway truck*—*accident*, *Revolver wound of head*—*homicide*, *Poisoned by embolic seed*—*probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." *Recommendations* on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

It is recommended that this certificate be answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

3136

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Prince George

8270

Registration Dist. No.

231

Village or City Bladensburg, Md.

St., Ward

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E. Docket

(a) Residence: No. Bladensburg, Md.

If U. S. Veteran, specify WAR

St., Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Female Colored

widow

5e. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

David Docket

6. DATE OF BIRTH (month, day, and year)

May 12, 1856

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

80 79

9

20

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

at home

12. BIRTHPLACE (city or town)
(State or country)

Va.

MOTHER FATHER

13. NAME

Ann Brown

14. BIRTHPLACE (city or town)
(State or country)

Va.

15. MAIDEN NAME Martha Johnson

16. BIRTHPLACE (city or town)
(State or country)

Va.

17. INFORMANT

(Address)

Katherine Docket
Bladensburg, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Bladensburg, Md.

Date

Mar 5, 1936

19. UNDERTAKER

(Address)

F. G. Gaskins Sons

Bladensburg, Md.

20. FILED

(Address)

Mar 5, 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Mar. 2

(Month)

(Day)

1936
(Year)

22. I HEREBY CERTIFY. That I attended deceased from Feb 20, 1936, to Mar. 1, 1936.

I last saw her alive on Mar. 1, 1936; death is said to have occurred on the date stated above, at 4:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Paralysis

Primary cause: Cerebral hemorrhage

Duration: four days. Culpr.

Date of onset
Feb 20

Other Contributory Causes of importance:

Arterio-sclerosis
old age.5 yrs
or more

Name of operation

0

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

—

Nature of injury

—

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

R. J. Bennett

M. D.

(Address) Riverdale

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
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- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
BUREAU V. S.	

Other contributory causes of importance:

Gallstones May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

3137

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Prince GeorgeVillage or City Mt RainierLength of residence in city or town where death occurred 27 yrs.3821 No. 34 1/2 st

46-8

Registration Dist. No. 246St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

John Milton Ernest(a) Residence: No. 3821 - 34 1/2

(Usual place of abode)

St. WardIf U. S. Veteran, specify WAR X

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Male whitemarried5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofVida M. Ernest

6. DATE OF BIRTH (month, day, and year)

Oct 21 1872

7. AGE

Years 63 Months 4 Days 10 If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Real Estate9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) Jan 3611. Total time (years)
spent in this
occupation 26 1/2

12. BIRTHPLACE (city or town)

(State or country) Pa.

MOTHER

FATHER

13. NAME William Ernest

14. BIRTHPLACE (city or town)

(State or country) Pa.15. MAIDEN NAME Annie J. Milton

16. BIRTHPLACE (city or town)

(State or country) Pa.17. INFORMANT Vida M. Ernest(Address) Mt Rainier Md

18. BURIAL, CREMATION, OR REMOVAL

Place Lynchburg Va Date March 6, 193619. UNDERTAKER A. G. Frazee Son(Address) Ryattsville Md20. FILED 3/5(Address) Baltimore County

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Meh: 3 —, 1936
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from
Jan 8, 1936, to 3 - 3 - 1936; death is saidto have occurred on the date stated above, at 9 30 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Carcinoma of Gall Bladder
about July 1st 1935

Date of onset

Other Contributory Causes of importance:

NoneName of operation None Date of ✓What test confirmed diagnosis X-ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Isaac D. Palmer M.D. (Address) Ryattsville Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

3138

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

15

yrs.

mos.

ds.

No. 305 Montgomery 1st. Registration Dist. No. 239

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Laurel

Md.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

widow

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Sarah E. Edwards

6. DATE OF BIRTH (month, day, and year)

Jan 22 - 1847

7. AGE

Years

89

Months

02

Days

5

If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BDOKEEPEER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month
year)

1921

11. Total time (years)
spent in this
occupation

53 yrs

12. BIRTHPLACE (city or town)
(State or country)

England

13. NAME

Charles Edwards

14. BIRTHPLACE (city or town)
(State or country)

England

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town)
(State or country)

England

17. INFDRMTN
(Address)

Mr. E. E. Little

Laurel Md.

18. BURIAL, CREMATION, DR REMDVAL

Rock Creek Chapel

Mar 30th, 1936

19. UNDERTAKER
(Address)

Frost & Sons

Laurel Md.

20. FILED

Mar 30, 1936

M. Brachman

Registrar

T

V. S. No. 1

N. B.—WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

21. DATE OF DEATH

Mar 27, 1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Mar 3, 1936, to Mar 27, 1936

I last saw him alive on Mar 27, 1936, death is said

to have occurred on the date stated above, at 3 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Date of onset

Sante Demita French

Garden Lillies

Primary Cause: Chronic myocarditis.

Duration: eleven months. Caus. P.

Other Contributory Causes of importance:

Date of

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

G. B. French

(Signed)

Laurel

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
		1915
Chronic interstitial nephritis		1921

Cerebral hemorrhage APR 3 1936 July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

3139

1. PLACE OF DEATH

County Prince Georges
 Village or City Boulevard Heights

(131)

Registration Dist. No.

235

St., Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Harrison Ewell(a) Residence: No. 4501 Townsend Ave St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
--------------------	-------------------------------	---

5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sadie G. Ewell6. DATE OF BIRTH (month, day, and year) April 5, 1865

7. AGE Years <u>70</u>	Months <u>6</u>	Days <u>13</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	-----------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Retired</u>	11. Total time (years) spent in this occupation
--	---

12. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME Harrison Ewell
FATHER14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Lottie Hastings
MOTHER16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Mrs. Sadie Heard
(Address) Bethesda Heights18. BURIAL, CREMATION, OR REMOVAL
Place Leonardtown, Md. Date Mar. 20, 193619. UNDERTAKER A. H. Chambers Co.
(Address) 512 1/4 S.E.20. FILED March 19, 1936 Registrar J. O'Meara

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mar. 18(Month) (Day), 19³⁶ (Year)22. I HEREBY CERTIFY, That I attended deceased from 1934, to Mar. 18, 1936.I last saw him alive on March 16, 1936; death is said to have occurred on the date stated above, at 5:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pernicious Anemia
Cardio vascular disease

Data of onset

Other Contributory Causes of Importance:

Acute Cardiac Failure

Name of operation _____ Date of _____

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) James J. Boyd M. D.
(Address) Forestville, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	APR 6 1930	July 5, 1927
BUREAU V. S.		

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones May 1, 1923

Other contributory causes of importance:

Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

3140

1. PLACE OF DEATH IN CITY OR TOWN AND STATE

County *Puice Co.*Village or City *Laurel Md*

108

Registration Dist. No.

239

St., Ward

Length of residence in city or town where death occurred yrs.

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME *Mary Freseis*(a) Residence: ND. *Laurel Md*
(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Single*6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, and year)

7. AGE Years *78* Months *7* Days *4* If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. *No None*9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. *—*10. Date deceased last worked at this occupation (month and year) *—*11. Total time (years) spent in this occupation *—*12. BIRTHPLACE (city or town)
(State or country) *Akansas*

MOTHER

FATHER

13. NAME *Joseph Freseis*14. BIRTHPLACE (city or town)
(State or country) *Akansas*15. MAIDEN NAME *Catherine Knoble*16. BIRTHPLACE (city or town)
(State or country) *Akansas*17. INFORMANT *Frank Freseis*
(Address) *Laurel Md*18. BURIAL, CREMATION, OR REMOVAL *Annesdale Md Mar 23/56*19. UNDERTAKER *Lloyd Loring*
(Address) *Laurel Md*20. FILED *Mar 22, 1956 M. Brashears*
Frank E. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

3 19 (Month) (Day), 1936 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

2/29, 1936 to 3/19, 1936
I first saw her alive on 3/19, 1936; death is said
to have occurred on the date stated above, at 7:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:*Solar Bronchitis**Rent Myritis*Date of onset
2/29/36

3/19/36

Other Contributory Causes of importance:

Anæ corona tuberc 3/19/36

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *B. Brashears* M. D.(Address) *Laurel Md*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED APR 8 1936	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927

U. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

3141

1. PLACE OF DEATH

County Pe. Geo.

Village or City Hyattsville

Length of residence in city or town where death occurred 15 yrs.

2. FULL NAME

(a) Residence: No.

Bellert B. Garner

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.	4. COLOR OR RACE Wh.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
-----------	----------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Spouse Garner.

6. DATE OF BIRTH (month, day, and year)

Mar 30. 1909.

7. AGE 26	Years 11	Months	Days 26.	If LESS than 1 day, _____ hrs. or _____ min.
-----------	----------	--------	----------	--

8. OCCUPATION
Painter

Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Penn.

13. NAME

Jessie G. Baker Garner

14. BIRTHPLACE (city or town)
(State or country)

Penn.

15. MAIDEN NAME

Ella B. Brownell

16. BIRTHPLACE (city or town)
(State or country)

Penn.

17. INFORMANT

Mrs. Elean B. Garner
(Address) Hyattsville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. D. C. Date 3/28 1936

19. UNDERTAKER

F. Gasclair Sons
(Address) Hyattsville Md.

20. FILED

March 30, 1936 Jas. Seiver

Registrar.

178

Registration Dist. No.

245

No. 7 Franklin St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U. S. if of foreign birth? 36 yrs. mos. ds.

If U. S. Veteran specify WAR 110

St. Ward.

X If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 26.

1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY

That I attended deceased from March 26, 1936, to March 26, 1936.

I last saw him alive on March 26, 1936; death is said to have occurred on the date stated above, at 3 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carbon Monoxide Poison 3/26

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide Accidental Date of injury 3/26 1936

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way connected with occupation of deceased?
If so, specify _____(Signed) _____ M. D.
(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	LIVE	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	APR 6 1921	July 5, 1927

BUREAU V. S.		
Other contributory causes of importance:		

Gallstones	May 1, 1923	

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

3142

1. PLACE OF DEATH

County Prince George

(13)

Registration Dist. No. 232Village or City Upper Marlboro Md.

St., Ward

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U.S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Emma Herman Gibbs(a) Residence: No. Upper Marlboro Md. St., Ward.
(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)
Widowed6a. If married, widowed, or divorced
HUSBAND
(or) WIFE ofEdwin Cayson Gibbs

6. DATE OF BIRTH (month, day, and year)

4-13-1845

7. AGE

Years 90Months 10Days 20If LESS than
1 day, _____ hrs.
or _____ min.

21. DATE OF DEATH

(Month) 3(Day) 3(Year) 1936

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 6, 1936, to Mar. 3, 1936I last saw her alive on Mar. 2, 1936; death is said to have occurred on the date stated above, at 2:45 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Myocardial failure following Chronic congestive of unknown duration.
Chronic emphysema respiratory urban.

Date of onset

Other Contributory Causes of importance:

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
 10. Date deceased last worked at this occupation (month and year) Jan. 30

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town)

(State or country) Germany

MOTHER FATHER

13. NAME Fredrick Herman
 14. BIRTHPLACE (city or town) Germany
 (State or country)

15. MAIDEN NAME Sophia (Unknown)
 16. BIRTHPLACE (city or town) Germany
 (State or country)

17. INFORMANT Mrs. Maud C. Gibbs
 (Address) Upper Marlboro Md.
 18. BURIAL, CREMATION, OR REMOVAL
 Place Davidsontville Date March 5, 1936

19. UNDERTAKER Rufus Brooks
 (Address) Upper Marlboro Md.
 20. FILED Mar. 6, 1936 A. C. Smith
 Registrar

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Paul E. Davis, Atta M. D.
 (Address) Baltimore, Md. N. #1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	APR 6 1938	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	BUREAU V. S.	1921

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

3143

1. PLACE OF DEATH

County *P. S. W. Co.*Village or City *Syattsville*Length of residence in city or town where death occurred *3* yrs.Registration Dist. No. *245*St. *Ward*(If death occurred in a hospital or institution, give its NAME instead of street and number) No. *9 Univ. Dr.* St. *Ward*mos. *ds.* How long in U. S. if of foreign birth? *years. months. days.*2. FULL NAME *Evelyn Kathleen Gill*(a) Residence: No. *9 Univ. Drive*

(Usual place of abode)

If U. S. Veteran, specify WAR

St. *Ward*

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F*4. COLOR OR RACE *W*5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)
*Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) *Nov. 1, 1932*

7. AGE

Years *2*Months *4*Days *13*If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) _____11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) *Oakland*

MOTHER

FATHER

13. NAME *Ralph Gill*14. BIRTHPLACE (city or town)
(State or country) *Richmond*15. MAIDEN NAME *Helen Kathleen Miller*16. BIRTHPLACE (city or town)
(State or country) *Lacey Spring*

INFORMANT

(Address) *Mother*Place *Cedar Hill Md* Date *Mar 16, 1936*

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER *Oscar Lamm*(Address) *Syattsville Md*20. FILED *Mar 18, 1936*(Address) *Jas. Sevey*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *March 14*(Month) *(Day)* *(Year)*

22. I HEREBY CERTIFY. That I attended deceased from

March 10, 1936, to *March 14, 1936*I last saw deceased alive on *March 13, 1936*; death is said to have occurred on the date stated above, at *7:30 P.M.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Pneumonia of the lobar*Date of onset *3/10/36*

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *Oscar Lamm*(Address) *2nd Farmer, Md*

M. O.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	APR 6 1936	1921
Cerebral hemorrhage		July 5, 1927
BUREAU V. S.		

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

3141

1. PLACE OF DEATH

County Prince Georges
Village or City Brandywine

Length of residence in city or town where death occurred

(97)

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

Registration Dist. No. 240

St. Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Carrie Gross(a) Residence: No. 63 Brandywine Md.
(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> (write the word)
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofJames Gross

6. DATE OF BIRTH (month, day, end year)

1869

7. AGE <u>about 69</u> Years	Months	Days	If LESS than 1 day, hrs. or min.
------------------------------	--------	------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation <u>30</u>
--	---

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 193611. Total time (years) spent in this occupation 3012. BIRTHPLACE (city or town)
(State or country) P. B. Prince G. Md.13. NAME Daniel Jackson14. BIRTHPLACE (city or town)
(State or country) Md.15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town)
(State or country) Unknown17. INFORMANT James Gross(Address) Brandywine

18. BURIAL, CREMATION, OR REMOVAL

Place P.B.A. M.E. Cem. Date Mar 7, 1936

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William H. Gibbons M. D.(Address) Crown Md.20. FILED Mar. 4, 1936 File No. J. B. Smith

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 4, 1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

Feb 1, 1936, to Feb 15, 1936; death is saidto have occurred on the date stated above, at 1:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arterial Dclerosis
Hypertension

Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William H. Gibbons M. D.(Address) Crown Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	APR 4 1936
Chronic interstitial nephritis	V. G.
Cerebral hemorrhage	

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

3145

M

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Prince George's
WITHIN CORPORATE LIMITS
Village or City Hyattsville

(13)

CR BX Registration Dist. No. 345

Length of residence in city or town where death occurred

No. 24 Owens Avenue St.
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Ward 10 ds. How long in U.S. if of foreign birth? Arrived in Feb 1908 del

2. FULL NAME MARGARET DAVIDSON HALL If U. S. Veteran, specify WAR NR-05

(a) Residence: No. 1150 Harrison St., Denver Colorado Ward.
(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Hall

6. DATE OF BIRTH (month, day, and year) March 3 rd 1880	7. AGE Years 56	Months 0	Days 19	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) Dec. 1935	11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) Aberdeen, Scotland (State or country)
--

13. NAME John Beattie
14. BIRTHPLACE (city or town) Aberdeen, Scotland (State or country)

15. MAIDEN NAME Margaret (?)
16. BIRTHPLACE (city or town) Aberdeen, Scotland (State or country)

17. INFORMANT Mrs. E. Ryan
(Address) 24 Owens Ave Hyattsville Md

18. BURIAL, CREMATION, OR REMOVAL Lincoln Md
Place Date Mar 25, 1936

19. UNDERTAKER G. Hayes Son
(Address) Hyattsville Md

20. FILED March 24, 1936 Mrs. Mrs. Devereux (Signature) Registrar
--

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Mar 22 - 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar 13, 1936, to Mar 22, 1936
I last saw him alive on Mar 20, 1936; death is said to have occurred on the date stated above, at 10:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute congestive heart failure

Date of onset

1930

now

Denver

Other Contributory Causes of importance:

Chronic endo mycarditis 1930
Chronic nephritis
Cardiac dilation

Name of operation None Date of

What test confirmed diagnosis? Urinal Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) G. Hayes Son Donald M. D.
(Address) 522 11st N. E. Wash. D.C.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

3146

1. PLACE OF DEATH

County *Baltimore County*Village or City *Brentwood*Length of residence in city or town where death occurred *23* yrs.

(13)

Registration Dist. No. *246*

St.,

Ward

No. *4501-Holliday*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME *Alice Handy*(a) Residence: No. *4501 North Gay*

St. Ward.

X If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>T.</i>	4. COLOR OR RACE <i>Cole</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i>
------------------	------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)	<i>Sept 11 1878</i>		
7. AGE	Years <i>57</i>	Months <i>6</i>	Days <i>-</i>
	If LESS than 1 day, ____ hrs. or ____ min.		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <i>Servant</i>	11. Total time (years) spent in this occupation <i>23</i>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <i>General Household</i>	
10. Date deceased last worked at this occupation (month and year) <i>Oct 1836</i>	

12. BIRTHPLACE (city or town) (State or country)	<i>Baltimore</i>
---	------------------

13. NAME	<i>Alice Handy</i>
14. BIRTHPLACE (city or town) (State or country)	<i>Baltimore</i>

15. MAIDEN NAME	<i>Unknown</i>
16. BIRTHPLACE (city or town) (State or country)	<i>Baltimore</i>

17. INFORMANT	<i>George R. Lee</i>
(Address)	<i>Broadway and</i>
18. BURIAL, CREMATION, OR REMOVAL	<i>Worley St. 3/13</i>
Place	Date

19. UNDERTAKER	<i>F. Hart's Sons</i>
(Address)	<i>Hart's Sons</i>
20. FILED	<i>1936 May 14th M. D.</i>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *March 10*

(Month)

10
(Day)1936
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

*March 8, 1936, to March 10, 1936.*I last saw her alive on *March 8, 1936*; death is said to have occurred on the date stated above, at *4:30 P.M.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Natal Cardi dehlin

Date of onset _____

Other Contributory Causes of importance:
Chronic myocarditis
Chronic nephritis

2

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? *Yes*

If so, specify _____

(Signed) *Harry Waller M.D.* M. D.(Address) *2411 Charles Street, Baltimore, Maryland*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1922

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

Other contributory causes of importance:

Gallstones *May 1, 1923*

Other contributory causes of importance:

<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

3147

1. PLACE OF DEATH

County Prince George County

Village or City Glenn Dale, Md. No. Children's Tuberculosis St., Savanah Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Carl William Hedgeman

(a) Residence: No. 2129 - 9th St N.W. St. Wash. D.C. Ward.

(Usual place of abode)

NR-4B

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male Colored Single

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Aug. 3, 1924

7. AGE

Years Months Days If LESS than
12 7 25 1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Washington D.C.

MOTHER FATHER

13. NAME Edward Hedgeman

14. BIRTHPLACE (city or town)
(State or country)

Wash. D.C.

15. MAIDEN NAME Dorothy Daekes

16. BIRTHPLACE (city or town)
(State or country)

Wash. D.C.

17. INFORMANT Edward Hedgeman

(Address) Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Cemetery

Data Apr. 1, 1936

19. UNDERTAKER James F. Stewart

(Address) Salisbury, Md.

20. FILED March 28, 1936

Registrar.

23

08

Registration Dist. No.

243

Savannah Ward

Children's Tuberculosis St., Savanah Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED APR 17 1936	1915
Chronic interstitial nephritis	APR 17 1936	1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1, 1923	Gastroenteritis
		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

3143

1. PLACE OF DEATH

County

Prince Geo.
Bunkwood

107-a

Registration Dist. No.

245

Village or City

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

4407 - Charles

(Usual place of abode)

If U.S. Veteran specify WAR

World

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White married

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

5. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	None
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

George H. Hopper

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

Mary French

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

Julia H. Hopper

18. BURIAL, CREMATION, OR REMOVAL

Place: Arlington Natl. Cemetery Date: Mar. 10, 1936

19. UNDERTAKER

Address: Miss Charles F. Hall

20. FILED

March 7, 1936 Mrs. Jas. Devereux

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 7

(Month)

(Day)

1936
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 19, 1936 to March 7, 1936

I last saw him alive on Feb. 20, 1936; death is said to have occurred on the date stated above, at 1 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bronchitis pneumonia

Date of onset

Other Contributory Causes of importance:

Congestive heart failure.
Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Francisco C. Galluccio, M.D.

(Address) 1314-East Capital St.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	
Chronic interstitial nephritis	APR 6 1936
Cerebral hemorrhage	
BUREAU V. S.	

Other contributory causes of importance:

Gallstones

Date of onset

1915

Date of onset

1921

Date of onset

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset	
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—**WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

3143

1. PLACE OF DEATH

County

Prince Georges

(82-a)

Registration Dist. No. 743

Village or City

Bowie

St.

Ward

Length of residence in city or town where death occurred

yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME David Johnson

(a) Residence: No.

(Usual place of abode)

St. Ward.

X If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

May 27, 1892

7. AGE

43

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, e.g. SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, e.g. SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

Unemployed

12. BIRTHPLACE (city or town)
(State or country)

Bowie

Md

MOTHER FATHER

13. NAME

Edward Johnson

14. BIRTHPLACE (city or town)
(State or country)

Bowie

Md

15. MAIDEN NAME

Ellen Baker

16. BIRTHPLACE (city or town)
(State or country)

Frederick

Md

17. INFORMANT

(Address)

Jane Hayde

816-1st N. W. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place

Occidental Church

Date

March 5, 1936

19. UNDERTAKER

(Address)

W. H. Ladley & Sons

Bowie, Md

20. FILED

(Address)

March 5, 1936

J. G. Parrotter, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 2
(Month)
(Day)1936
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 27, 1936, to March 2, 1936

I last saw him alive on Feb. 27, 1936; death is said to have occurred on the date stated above, at 6 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Herbal Hemorrhage 2/27/36

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry Johnson Jr. M.D.
(Address) Bowie.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1936
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11/762
3150

1. PLACE OF DEATH

County

Village or City

Orange George
College Park

210-m

X
Registration Dist. No.St.
Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Paul W. Jones

(Usual place of abode)

If U. S. Veteran, specify WAR

NR-48

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Amrye Jones

6. DATE OF BIRTH (month, day, and year)

Mar 13 1881

7. AGE

Years
55

Months

Days
1If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.
9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.
10. Date deceased last worked at
this occupation (month and
year)Detective Saigt
met. Police Wash D.C.
11. Total time (years)
spent in this
occupation 30 yrs12. BIRTHPLACE (city or town)
(State or country)

Va

13. NAME

John W. Jones

14. BIRTHPLACE (city or town)
(State or country)

Va

15. MATURE NAME

Tallie Tagwell

16. BIRTHPLACE (city or town)
(State or country)

Va

17. INFORMANT
(Address)James W. Jones
Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. Date Mar 16/36

19. UNDERTAKER
(Address)

F. Yaeger Jones

20. FILED Mar 15 1936 Mrs. Jay Severe

Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 14

(Month)

(Day)

1936
(Year)

22. I HEREBY CERTIFY That I attended deceased from

March 14, 1936, to March 14, 1936

I last saw h. alive on March 14, 1936; death is said
to have occurred on the date stated above, at 3 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Brain Cerebral Hemorrhage
Multiple Fractures of ribs
Fractured Sternum
Ruptured Aorta
Cephalo spinalitis

Other Contributory Causes of Importance:

Date of onset

March 14
1936

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident

Date of injury Mar 14, 1936

Where did injury occur? Cattail Hill, College St. Hts.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Auto accident

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

Marty Gleason
(Address)

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	APR 8 1936	July 5, 1927
BUREAU V. S.		

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

3152

1. PLACE OF DEATH

County Prince Georges

93-C

Registration Dist. No.

235

Village or City Greater Capital Heights, Md.

St.

Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas M. Keech

(a) Residence: No. Greater Capital Heights, Md. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
----------	--------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Rachel A. Keech

6. DATE OF BIRTH (month, day, and year) 9-16-1860

7. AGE Years 75	Months 5	Days 26	If LESS than 1 day, hrs. or min.
-----------------	----------	---------	----------------------------------

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer until 17

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own

10. Date deceased last worked at this occupation (month and year) 1919

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town)
(State or country) Maryland

13. NAME Thomas M. Keech

14. BIRTHPLACE (city or town)
(State or country) Maryland

15. MAIDEN NAME Eva Marlowe

16. BIRTHPLACE (city or town)
(State or country) Maryland

17. INFORMANT Eleanor V. Foley

(Address) Greater Capital Heights, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Aquasco, Md. Date 3/14, 1936

19. UNDERTAKER A. G. Grimes

(Address) Aquasco, Md.

20. FILED 3-12-1936 Thos. D. Griffith

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 12, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1936, to March 12, 1936. I last saw him alive on March 10, 1936; death is said to have occurred on the date stated above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

General Arteritis
Gangrene
Senile Psychosis

Date of onset

onset

Feb 1936

Other Contributory Causes of Importance:

Chronic myocarditis unknown

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Paul C. Thorvald M. D.

(Address) Remarney, Md. 1141

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

RECEIVED
1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

APR 8 1936

BUREAU V. S.

Other contributory causes of importance:

Gallstones

May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

3153

1. PLACE OF DEATH

County Picayune CoVillage or City WoodmoreLength of residence in city or town where death occurred 4 yrs.No.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. No.

236

St., Ward

2. FULL NAME

Sarah Elizabeth Ridwell(a) Residence: No. Mitchellville Md

(Usual place of abode)

If U. S. Veteran, specify WAR

T6X-

Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)widowed5a. If married, widowed, or divorced
HUSBAND OF
(or) WIFE OFLeonard Ridwell

6. DATE OF BIRTH (month, day, and year)

Dec 2 1853

7. AGE

Years 82 Months 3 Days 4 If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.
Housewife
9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.
own home
10. Date deceased last worked at
this occupation (month and
year) March 1936 ff. Total time (years)
spent in this occupation 5312. BIRTHPLACE (city or town)
(State or country)Charlottesville
Virginia

f3. NAME

14. BIRTHPLACE (city or town)
(State or country)unknown

15. MAIDEN NAME

Matilda Curtin (maiden name
McKenzie)16. BIRTHPLACE (city or town)
(State or country)Baltimore
Maryland

17. INFORMANT

Mrs Jas A Mc Kenzie
Mitchellville Md P. S. O.

18. BURIAL, CREMATION, OR REMOVAL

Place Upper Marlboro Date Mar 9, 1936

19. UNDERTAKER

Clarence Foreacre
Mitchellville Md

20. FILED

Date Mar 7, 1936 Stamp Shipp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March

(Month)

6
(Day)1936
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

July 10, 1932 to March 6, 1936; death is said
to have occurred on the date stated above, at 7:15 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Senile myocarditis
Interstitial nephritis
Date of onset July 6, 1935
History 56 years ago

Other Contributory Causes of importance:

UremiaJuly 6, 1935Name of operation None

Date of

What test confirmed diagnosis? NoneWas there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. S. Shipp M. D.(Address) Blk 1 Benning Sta. D.C.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

T

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED
APR 1 1930
BUREAU V. S.

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Other contributory causes of importance:

Gallstones	May 1, 1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

3154

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
<i>Florence King</i>		
6. DATE OF BIRTH (month, day, end year)		
Dec. 1, 1869		
7. AGE	Years	Months
66	Years	3
	Months	25
	Days	
	If LESS than 1 day, _____ hrs. or _____ min.	

8. OCCUPATION	Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
	<i>Laborer</i>
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)	<i>March 17</i>
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION	<i>md</i>

12. BIRTHPLACE (city or town) (State or country)	
	<i>Montgomery Co. md</i>

13. NAME	<i>Rufus King</i>
14. BIRTHPLACE (city or town) (State or country)	

15. MAIDEN NAME	<i>Unknown</i>
16. BIRTHPLACE (city or town) (State or country)	

17. INFORMANT	<i>Roy W Barber</i>
	<i>of Louisville</i>

18. BURIAL, CREMATION, OR REMOVAL	
Place	<i>Frederick md</i>
Date	<i>March 28, 1936</i>

19. UNDERTAKER	<i>Roy W Barber</i>
	<i>Garrison's</i>
(Address)	

20. FILED	<i>Mar 26 1936</i>
Mos. Day, Year	<i>Mo. 26, 1936</i>
Registrar	

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10
30
Registration Dist. No. 245
St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. 7 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward

15x-

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 26, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from *March 21*, 1936, to *March 26*, 1936; I last saw him alive on *March 25*, 1936; death is said to have occurred on the date stated above, et al. *11A.m.*
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Labor Pneumonia
Date of onset *March 17/36*

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Maynard J. Simmons, M.D.*
(Address) *1809 16th St NW*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	APR 6 1936	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

3155

1. PLACE OF DEATH

County

Pr. Geo Co

23

Registration Dist. No.

245

Village or City

15th and main

St.

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Laura Little

Number Four Stone
(Usual place of abode)

If U.S. Veteran specify WAR

16 X -

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

He

White

Married

5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Johnnie Little

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than

1 day, ____ hrs.
or ____ min.

67?

1869

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Wash.

D.C.

13. NAME

George W. Fox

14. BIRTHPLACE (city or town)
(State or country)

Wash.

D.C.

15. MAIDEN NAME

Sarah Sebastian

16. BIRTHPLACE (city or town)
(State or country)

Wash.

D.C.

17. INFORMANT

(Address)

William G. Fox

1509 G St. N.E. Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Date 3/2, 1936

19. UNDERTAKER

(Address)

W. W. Head

816 - H - 21 E Wash. D.C.

20. FILED

(Address)

Mar. 2, 1936 Mrs. Jas. Severe

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Mar 2

(Month)

(Day)

1936
(Year)

22. I HEREBY CERTIFY That I attended deceased from

1933 to Mar 2, 1936

I last saw him alive on Mar 2, 1936; death is said
to have occurred on the date stated above, at _____ m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Pulmonary Hemorrhage
Pulmonary InterstitialDate of onset
3/2/36

Other Contributory Causes of importance:

Tuberous Malaria

?

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of Injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

M. J. Head

M. D.

(Address) Rockdale, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

3156

1. PLACE OF DEATH

County Prince George's
 Village or City Berwyn, Md.

106-P

Registration Dist. No. 230

St. _____ Ward _____

Length of residence in city or town where death occurred 16 yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. Maryland Elizabeth Maxwell
 (b) Birthplace of above Berwyn, Md. St. _____ Ward. _____

X

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) <u>Widow</u>
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5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

James H. Maxwell

6. DATE OF BIRTH (month, day, and year) April 2, 1847

7. AGE <u>88</u>	Years	Months <u>11</u>	Days <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Husband

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at home

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (city or town) near Washington, D.C.
 (State or country)

13. NAME Thomas Goldston

14. BIRTHPLACE (city or town) D.C.
 (State or country)

15. MAIDEN NAME Patsy Jones

16. BIRTHPLACE (city or town) D.C.
 (State or country)

17. INFORMANT J.W. Maxwell
 (Address) Berwyn, Md.

18. BURIAL, CREMATION, OR REMOVAL
 Place Washington Memorial Date Mar 25, 1936

19. UNDERTAKER F. Gaselis Sons
 (Address) Bladensburg, Md.

20. FILED March 24, 1936 John D. Smith
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 23
 (Month) 1936
 (Day) Year

22. I HEREBY CERTIFY, That I attended deceased from

March 23, 1936, to March 23, 1936, 19

I last saw her alive on March 23, 1936; death is said to have occurred on the date stated above, at 11:40 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Senility

Date of onset

4 years

Other Contributory Causes of importance:

Chronic bronchitis Several years

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. Allen Griffith M. D.

(Address) Berwyn, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

APR 6 1936

BUREAU V. S.

Other contributory causes of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1929

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	APR 3 1926	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Deceased was treated by Dr. J. M. Groff of Fairfax, Va. Deceased suffered heart attacks following severe exertion running after an animal on a farm. Died suddenly without immediate attention.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

3158

1. PLACE OF DEATH

County Prince Georges
Village or City Mt. Rainier Md.

51-C

Registration Dist. No. 246

St. _____ Ward _____

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. if of foreign birth? mos. mos. ds.2. FULL NAME Fred M. Kim(a) Residence: No. 3708-35th St.

(Usual place of abode)

If U.S. Veteran specify WAR _____

St. _____ Ward. X

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
	White	married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Carrie L. M. C. Kim

6. DATE OF BIRTH (month, day, and year)

April 22, 1868

7. AGE

Years <u>67</u>	Months <u>11</u>	Days <u>10</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Retired Liquor Merchant

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country) Lyons Falls New York

MOTHER FATHER

13. NAME Andrew M. Kim

14. BIRTHPLACE (city or town)

(State or country) Ireland

15. MAIDEN NAME

M. C. Kim

16. BIRTHPLACE (city or town)

(State or country) Brockville Ontario

17. INFORMANT

(Address) Mrs. Chris.avanaugh.

18. BURIAL, CREMATION, OR REMOVAL

Place Herkimer N.Y. Date 3/13 1936

19. UNDERTAKER

(Address) Almy's B. Speale.(Address) 1623 Conn. Ave. N.W.

20. FILED

(Address) March 12, 1936 Mary Ballou, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March

(Month)

12

(Day)

1936

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

May 1, 1936, to May 12, 1936I last saw him alive on May 11, 1936; death is said to have occurred on the date stated above, at 3:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of Prostate.

Detected

2

Other Contributory Causes of importance:

Name of operation Suprapubic drainage Date of 2

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19_____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Lewis A. Dugay M. D.(Address) 1937 N. Capital St., Washington D.C.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

Date of onset

1921

Cerebral hemorrhage

Date of onset

July 5, 1927

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

Date of onset

1 week ago

Peritonitis

Date of onset

3 days ago

Other contributory causes of importance:

Gastroenteritis

Date of onset

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

3159

1. PLACE OF DEATH

County *Baltimore*Village or City *Bowie P. O.*

93-2

Registration Dist. No. 243

St.,

Ward

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Joseph Miles*(Usual place of abode) *Bowie Race Track* St., Ward.X
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

February 8, 1876

7. AGE

Years

60

Months

1

Days

14

If LESS than

1 day, hrs.

or min.

8. TRADE, PROFESSION, OR PARTICULAR

KIND OF WORK DONE, AS SPINNER,
SAWYER, BOOKKEEPER, ETC.9. INDUSTRY OR BUSINESS IN WHICH
WORK WAS DONE, AS SILK MILL,
SAW MILL, BANK, ETC.10. DATE DECEASED LAST WORKED AT
THIS OCCUPATION (MONTH AND
YEAR)

OCCUPATION

11. TOTAL TIME (YEARS)
SPENT IN THIS
OCCUPATION12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

13. NAME

MOTHER

FATHER

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL
PLACE19. UNDERTAKER
(ADDRESS)

20. FILED

*Penn.**George Miles**Delaware Co.,**Pa.**Emily Miles**Philadelphia**Pa.**John Riley**Bowie Race Track**Perkins Chapel**Date 25, 1926**M. F. Loring Son**3rd Floor 2nd**March 25, 1936**John G. Gruel**Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

3

22

(Month)

(Day)

193 (Year)

22. I HEREBY CERTIFY That I attended deceased from *Veneral body after death*

I last saw h. alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Heart Failure

Date of onset

Primary Cause: *Cerebral apoplexy.*Duration: *30 minutes*

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

J. H. Gruell Jr.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *James H. Gruell* M. D.(Address) *Glenview, Md.*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis APR 17 1936

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

See form letter filed under Charles Miles (bather) 5-4-36

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Prince George

200-a

Registration Dist. No.

3160

232

Village or City

Oxon Hill

St. Ward

Length of residence in city or town where death occurred

yes mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence No.

(Usual place of abode)

St. Ward.

X If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

1876

7. AGE Years

about 60

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Unknown

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Unknown

MOTHER FATHER

13. NAME

1

14. BIRTHPLACE (city or town)
(State or country)

2

15. MAIDEN NAME

3

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Forestville Rd Date March 19, 193619. UNDERTAKER
(Address)

20. FILED March 19, 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Mar 15, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19

first saw him alive on , 19 ; death is said to have occurred on the date stated above, at not known

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Natural causes -

Date of onset

This man was found dead in bed, had been dead for sometime and was in other cont'd cause of death or state of preservation

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Harry & Charles Boyd, coroner
(Signature) James D. Boyd, M. D.
(Address) Forestville Rd

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	CEIVED
APR 6 1936	
Other contributory causes of importance:	
Gallstones	

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

Date of onset

1 week ago

1 week ago

3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

In letter filed under Boston, 3-23-36 Regular files

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	APR 1 1936
Chronic interstitial nephritis	APR 1 1936
Cerebral hemorrhage	APR 1 1936

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

3162

1. PLACE OF DEATH

County Leeland
 Village or City Prince George County

Length of residence in city or town where death occurred 6 yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

93c

Registration Dist. No.

232

St. _____ Ward _____

yrs. _____ mos. _____ ds.

yrs. _____ mos. _____ ds.

2. FULL NAME

John William Parker
 (a) Residence: No. Upper Marlboro Md Rd #
 (Usual place of abode)

If U. S. Veteran, specify WAR

Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u> (write the word)
--------------------	-------------------------------	--

5a. If married, widowed, or divorced
 HUSBAND of Laura or WIFE of Parker

6. DATE OF BIRTH (month, day, and year) Unknown/1852

7. AGE <u>84</u> Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	--------	------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farm laborer
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Tobacco farm
 10. Date deceased last worked at this occupation (month and year) March 14, 1936

11. Total time (years) spent in this occupation 6512. BIRTHPLACE (city or town) Pr. Geo.
 (State or country) Maryland13. NAME John Parker
 14. BIRTHPLACE (city or town) Pr. Geo. Co
 (State or country) Maryland15. MAIDEN NAME Mary Kerr
 16. BIRTHPLACE (city or town) Pr. Geo. Co
 (State or country) Maryland17. INFORMANT my son Raymond Parker
 (Address) Upper Marlboro Md Rd #18. BURIAL, CREMATION, OR REMOVAL
 Place St. Barnabas Leeland Md Date Mar 16, 193619. UNDERTAKER Lawrence Foreman
 (Address) Mitchellville Md20. FILED March 14, 1936 Regd. Dept. of Health
 Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 14
 (Month) (Day), 1936
 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1936, to March 14, 1936

I last saw h. sss alive on March 11, 1936; death is said to have occurred on the date stated above, at 3:40 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerotic
Cardio-vascular syndrome

Date of onset

6 years
 age patient

Other Contributory Causes of importance:

NephritisMarch
 11, 1936Name of operation none Date ofWhat test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____ 19. _____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify W. S. & P. C.

(Signed)

(Address) Blk 1 Remington St. D. M.D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
BUREAU V. S.	

Other contributory causes of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Example II

Other contributory causes of importance:

Gastroenteritis

Date of onset

May 1, 1923

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

3163

1. PLACE OF DEATH

County Prince Georges

Village or City Camp Springs

(13)

Registration Dist. No.

238

Length of residence in city or town where death occurred yrs.

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

St. Ward

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male

white

Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Lillian Pyles

6. DATE OF BIRTH (month, day, and year)

Mar 25, 1861

7. AGE

Years
74Months
11Days
8
If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

7931

11. Total time (years)
spent in this
occupation
Life12. BIRTHPLACE (city or town)
(State or country)

13. NAME

MOTHER FATHER

Benjamin Pyles

Maryland

14. BIRTHPLACE (city or town)
(State or country)

Maryland

15. MAIDEN NAME

Tena Reed Fleming

16. BIRTHPLACE (city or town)
(State or country)

Germany

17. INFORMANT

R. O. Pyles

(Address) Anacostia D.C. R#4

18. BURIAL, CREMATION, OR REMOVAL

Burial, Camp Springs, Md.

Place, Date, 3-6 1984

19. UNDERTAKER

Thomas J. Murray & Son

(Address) Washington, D.C.

20. FILED

March 5, 1986 by James J. Freeman

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Mar 3

(Month)

(Day)

1936
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

1930, to Mar 3, 1936; death is said

I last saw h. s. alive on Mar 1, 1936; death is said

to have occurred on the date stated above, at 7:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cardio muscular
renal disease

Date of onset

Other Contributory Causes of importance:

Tremors.

Name of operation _____ Date of _____

What test confirmed diagnosis? now Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) James J. Freeman M.D.

(Address) Forestville, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 15, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Pneumonia	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—**WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

3164

1. PLACE OF DEATH

County PRINCE GEORGE

75

Registration Dist. No. 245

Village or City HYATTSVILLE 2214

St., Ward

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME *Mr Calvin Rector*

(a) Residence: No.

RIVERDALE MD
(Usual place of abode)

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If U. S. Veteran, specify WAR

16X-

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

MALE

WHITE

MARRIED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of*Constance Beesie Rector*

6. DATE OF BIRTH (month, day, and year)

Sept 3rd 1907

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

29

6

16

8. OCCUPATION

Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Carpenter

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) 2 weeks since11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town).
(State or country)

Va

MOTHER

FATHER

13. NAME

Calvin N. Rector

14. BIRTHPLACE (city or town).
(State or country)

Va

15. MAIDEN NAME

Fannie Saffel

16. BIRTHPLACE (city or town).
(State or country)

Va

17. INFORMANT
(Address)

Constance C. Rector

18. BURIAL, CREMATION, OR REMOVAL

Place: Orleans Va Date: March 19, 1936

19. UNDERTAKER
(Address)F. Gandy Son
Hyattsville MD20. FILED Mar 19, 1936 Mo. Jas. Severe
Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March
(Month)17
(Day)1936
(Year)

22. I HEREBY CERTIFY That I attended deceased from

March 14, 1936, to March 17, 1936.

I last saw him alive on Mar 17, 1936; death is said

to have occurred on the date stated above, at 12 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cardiac dilation
Pulmonary Edema

Date of onset

Other Contributory Causes of Importance:

Hypertension

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Mary Meane* M. D.(Address) *Herbert Buffet Jr*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

	Other contributory causes of importance:
Gallstones	Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County

Prince George
Westwood Md

93c

Registration Dist. No.

233

Village or City

Length of residence in city or town where death occurred

3 yrs.

No.

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No.

Cannie Alice Ripple

If U. S. Veteran, specify WAR

Westwood Md St.

Ward

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Amos E. Ripple

6. DATE OF BIRTH (month, day, and year)

Oct 21, 1872

7. AGE Years Months Days If LESS than
63 4 11 1 day, ____ hrs.
or ____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

House

Refuse

11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Balto Md

13. NAME

Doris

14. BIRTHPLACE (city or town)
(State or country)

Virginia

15. MARIEN NAME

Unknown

16. BIRTHPLACE (city or town)
(State or country)

—

17. INFORMANT

Sidney A. Ripple

(Address)

Westwood Md

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date March 5, 1936

19. UNDERTAKER

W. T. Tuckers Sons

(Address)

20. FILED

Mar 3, 1936 Ernest H. Farmer

(Signature)

Registrar

21. DATE OF DEATH

March 3
(Month) (Day)1936
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug 1936 to Jan 1936; death is said

to have occurred on the date stated above, at 12:00 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Chronic Myocarditis

Cerebral Embolism

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) William H. Gibbons M.D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1936

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	2 days ago

Other contributory causes of importance:

Gallstones *May 1, 19*

Other contributory causes of importance

Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

3166

1. PLACE OF DEATH

County Pr. Geor Co.

Village or City Seat Pleasant md

872

Registration Dist. No. 242

St,

Ward

Length of residence in city or town where death occurred 35 yrs.

ND.

(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

William Smith Ryon

(a) Residence: No. 1 Benning Sta D.C.

(Usual place of abode)

If U. S. Veteran, specify WAR

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)
Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Minnie Iola Ryon

6. DATE OF BIRTH (month, day, and year)

Oct 4th 1866

7. AGE

Years 69

Months 5

Days 12

If LESS than
1 day, _____ hrs.
or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER,

SAWYER, BOOKKEEPER, etc.

Farmer

9. Industry or business in which work was done, as SILK MILL,

SAW MILL, BANK, etc.

Tobacco Farm

10. Date deceased last worked at this occupation (month and year)

March 1931

11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (city or town)

(State or country)

Croome

Maryland.

MOTHER

FATHER

William Smith Ryon Sr.

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

Croome

Maryland.

15. MAIDEN NAME

Christina Wilson

16. BIRTHPLACE (city or town)

(State or country)

Croome

Maryland.

17. INFORMANT

Mrs Mildred Pitcher

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Forestville Date 3/18, 1936

(Address)

19. UNDERTAKER

Pitcher Bros

(Address)

20. FILED

Date 3/17, 1936 John S. Ward

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March
(Month)16
(Day), 1936
(Year)22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1928, to March 16, 1936.

I last saw him alive on March 16, 1936; death is said to have occurred on the date stated above, at 6:15 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Parkinson's syndrome

Date of onset

15 years ago

Other Contributory Causes of importance:

Exhaustion - respiratory

1 week ago

Name of operation None

Date of

What test confirmed diagnosis? None

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. Suit Pitcher M. D.

(Address) 1 Benning St. D.C.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	APR 4 1936	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 1, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

3167

1. PLACE OF DEATH

County *P.S. Geo.*

46-B

Registration Dist. No. 234

Village or City *Chapel Hill*

St.,

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME *Albert O. Shorter*(a) Residence: No. *Chapel Hill, N.C.*

(Usual place of abode)

St.,

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M*4. COLOR OR RACE *Colored*5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word) *MARRIED*5a. If married, widowed, or divorced
HUSBAND of *Sarah S. Shorter*
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

April 5, 1876

7. AGE

Years *59*Months *11*Days */*If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc. *Farmer*9. Industry or business in which
work was done, as SILK MIL.
SAW MILL, BANK, etc. *nonfarm*10. Date deceased last worked at
this occupation (month and
year) *last autumn*11. Total time (years)
spent in this
occupation *60*12. BIRTHPLACE (city or town) *Chapel Hill*

(State or country)

MOTHER

FATHER

13. NAME *Albert Shorter*14. BIRTHPLACE (city or town) *M.D.*

(State or country)

15. MAIDEN NAME *Alice Brown*16. BIRTHPLACE (city or town) *Prince George Co.*(State or country) *Md.*17. INFORMANT *Arthur E. Lancaster*(Address) *Chapel Hill*

18. BURIAL, CREMATION, OR REMOVAL

*Chapel Hill Md. March 9th, 1936*Date *March 9th, 1936*19. UNDERTAKER *P. J. McGuire*(Address) *1829 9th St. N.W. D.C.*20. FILED *Mar 6, 1936*(Address) *Mrs. Alton Davis*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *Feb 6*

(Month)

36 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Jan 1, 1936, to Feb 6, 1936
I last saw him alive on *Feb 29, 1936*; death is said
to have occurred on the date stated above, at *4:10* m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:*liver & heart*

Date of onset

Other Contributory Causes of Importance:

*Aspirin + cocaine
peritonitis*Name of operation *abdominal* Date of *1936*What test confirmed diagnosis? *operation* Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *E. W. Schwartz* M. D.
(Address) *1300 Ross Ave*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
		1915
Chronic interstitial nephritis	APR 4 1936	1921

Cerebral hemorrhage	APR 4 1936	Date of onset
		July 5, 1927

Other contributory causes of importance:	RECEIVED	Date of onset
Gallstones	APR 4 1936	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	RECEIVED	Date of onset
Gastroenteritis	APR 4 1936	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

3168

1. PLACE OF DEATH

County Prince Geo Co Md

(120)

Registration Dist. No. 233

Village or City Nottingham

St., Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Henry Arthur Smith

If U. S. Veteran, specify WAR

(a) Residence: No.

St., Ward.

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

1871

7. AGE

65 years

Years

Months

Deys

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Farmer

11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Maryland

MOTHER FATHER

13. NAME

John Henry Smith

14. BIRTHPLACE (city or town)
(State or country)

Maryland

15. MAIDEN NAME

Margret Wells

16. BIRTHPLACE (city or town)
(State or country)

Maryland

17. INFORMANT

I Daniel Smith

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Cremation Mar 28, 36

Place Date

19. UNDERTAKER

Ritchie Bros.

(Address)

20. FILED

Mar 28, 36 Ernest H. Garner

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Mar 26

(Month) (Day)

, 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Mar 22, 1936, to Mar 26, 1936.

I last saw him alive on Mar 22, 1936; death is said

to have occurred on the date stated above, at 8:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Bronchitis

Date of onset

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

William H. Gibbons M. D.

(Address)

Croom, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	APR 6 1936	1921
Cerebral hemorrhage	JULY 5, 1927	July 5, 1927
Other contributory causes of importance:		
Gallstones		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—**WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Prince George's
Village or City Upper Marlboro

93-C

Registration Dist. No. 232St. WardLength of residence in city or town where death occurred 11 yrs. 3 mos. 6 ds. How long in U. S. if of foreign birth? mos. mos.

2. FULL NAME

Ignatious William Smith If U. S. Veteran, specify WAR _____(a) Residence: No. Upper Marlboro, Md.

(Usual place of abode)

Ward. X

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)
Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)

May 11 1854

7. AGE

Years	Months	Days	If LESS than
<u>71</u>	<u>10</u>	<u>9</u>	1 day, _____ hrs. or _____ min.

8.

Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

June 1 191511. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town)

(State or country)

CheltenhamMd.

13. NAME

William Smith

14. BIRTHPLACE (city or town)

Cheltenham, Md.

(State or country)

15. MAIDEN NAME

Mary White

16. BIRTHPLACE (city or town)

Cheltenham(State or country) Md.

17. INFORMANT

James F. Savage Smith

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Upper Marlboro, Md.

Place

Date Mar 23, 1936

19. UNDERTAKER

Delaware Dry Goods

(Address)

20. FILED

March 27, 1936Name James F. Savage SmithRegistrar J. E. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Mar. 20, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Mar. 19, 1936, to Mar. 20, 1936.I last saw him alive on Mar. 19, 1936; death is said to have occurred on the date stated above, at 6:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Heart Failure

Date of onset

C-1-35Primary Cause: Chronic myocarditis.
Duration: Six months. cause?

Other Contributory Causes of importance:

Malnutrition

1-1-32

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) James F. Savage M. D.
(Address) Upper Marlboro, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	APR 6 1926
Chronic interstitial nephritis	
Cerebral hemorrhage	U.S.A. V. S.

Example II

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		
Gallstones	May 1, 1923	Gastroenteritis
		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County

Prince George

932

Registration Dist. No.

245

3170

Village or City

Hyattsville

Length of residence in city or town where death occurred

3 y 7

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Sarah J. Soper

(a) Residence: No.

Burtsontown Md.

St. Ward.

15X-

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female white single

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

April 8-1858

7. AGE

Years Months Days If LESS than
77 11 9 1 day, ____ hrs.
or ____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

1930

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town)
(State or county)

Md.

13. NAME

James P. Soper

14. BIRTHPLACE (city or town)
(State or county)

Md.

15. MAIDEN NAME

Amelia Jane Harris

16. BIRTHPLACE (city or town)
(State or county)

Md.

17. INFORMANT

(Address)

Lettie M. Burgess

Hyattsville Md

Burtsontown Md.

March 18, 1936

18. BURIAL, CREMATION, OR REMOVAL

P.D.

Burtsontown Md.

March 19, 1936

19. UNDERTAKER

(Address)

Loyd Kaiser

Laurel Md.

20. FILED

Mar. 18, 1936

Mrs. Jas. Soper

Notary Public

Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from

March 12, 1936, to March 17, 1936.

I last saw h. s. alive on March 17, 1936; death is said

to have occurred on the date stated above, at 9:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myocarditis due to
Cerebral hemorrhage.

Date of onset

31.7

Other Contributory Causes of importance:

Pulmonary Edema

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury _____, 19____

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____ M. D.

(Signed) _____ (Address)

T

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED
Chronic interstitial nephritis	
Cerebral hemorrhage	APR 6 1936

BUREAU U. S.

Other contributory causes of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

3171

1. PLACE OF DEATH

County Prince George
Village or City Silver Hill, Md.

(131)

Registration Dist. No.

238

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Ellen Stamp

(a) Residence: No. Anacostia D.C. R#4.

St. Ward.

16+

St. Ward

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Fem white widowed.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

John H. Stamp

6. DATE OF BIRTH (month, day, and year)

April 23, 1869

7. AGE Years	Months	Days	IF LESS than 1 day, _____ hrs. or _____ min.
66	-10	18	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at home

10. Date deceased last worked at this occupation (month and year) Dec 1935

11. Total time (years) spent in this occupation 66

12. BIRTHPLACE (city or town)
(State or country) Md

13. NAME George Stamp

14. BIRTHPLACE (city or town)
(State or country) Md

15. MAIDEN NAME Sophie Watson

16. BIRTHPLACE (city or town)
(State or country) Md

17. INFORMANT Mrs Margaret E. Suit
(Address) Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Oxon Hill M.F. Cem. Date March 17, 1936

19. UNDERTAKER Thomas J. Murray & Son
(Address) 2007 Nichols Ave. N.E.

20. FILED March 12, 1936 Guy Trulzky
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 11
(Month)

(Day)

1936
(Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1935, to March 11, 1936. I last saw her alive on March 10, 1936; death is said to have occurred on the date stated above, at 4:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic endocarditis
and chronic myocarditis
Cerebral embolitis
preperfusion
Secondary anemia

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Paul L. Van Matte M.D.
(Address) Beaconsfield D.C. R#1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	APR 3 1936	July 5, 1927

Other contributory causes of importance:

Gallstones	U. S.	Date of onset
		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

3178

1. PLACE OF DEATH

County

Crown

23

Registration Dist. No. 233

St., Ward

Village or City

Length of residence in city or town where death occurred yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

about 44

July 1892

7. AGE Years Months Days If LESS than

1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Farming

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

1935

11. Total time (years)
spent in this occupation 20

12. BIRTHPLACE (city or town)

(State or country)

Crown

Md

13. NAME

William Stuart

14. BIRTHPLACE (city or town)

(State or country)

Crown

Md

15. MAIDEN NAME

Mary E Cook

16. BIRTHPLACE (city or town)

(State or country)

Crown

Md

17. INFORMANT

(Address)

William Stuart

Crown

Md

18. BURIAL, CREMATION, OR REMOVAL

Place Date

Crown March 18, 1936

19. UNDERTAKER

(Address)

A. J. Grimes

Agawam

Md

20. FILED

Mar 6, 1936 Ernest H. Garner

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Mar

6

, 1936

22. I HEREBY CERTIFY.

That I attended deceased from

Jan 1936, to Feb 1936, 1936; death is said

to have occurred on the date stated above, at 11:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Tuberculosis

Other Contributory Causes of importance:

Name of operation Data of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? M

If so, specify

(Signed) William H. Gibbons M. D.

(Address) Crown Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
The principal cause of death and related causes of importance were as follows:	Arteriosclerosis	Date of onset APR 6 1936
	Chronic interstitial nephritis	1915
	Cerebral hemorrhage	1921
	BUREAU V. S.	July 5, 1927

Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis
		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

3173

1. PLACE OF DEATH

County Prince Georges
Village or City Oakland

(131)

Registration Dist. No. 235

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. Justine Suess

(Usual place of abode)

If U. S. Veteran, specify WAR

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u> (write the word)
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofWerner Suess6. DATE OF BIRTH (month, day, and year) Jan 20, 1852

7. AGE <u>84</u>	Years <u>1</u>	Months <u>17</u>	Days <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Housewife</u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>own Home</u>
--	--

10. Date deceased last worked at this occupation (month and year) <u>1906</u>	11. Total time (years) spent in this occupation <u>1/2</u>
---	--

12. BIRTHPLACE (city or town)
(State or country) Germany

13. NAME <u>John Weebe</u>	14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>
----------------------------	--

15. MAIDEN NAME <u>Charlotte Stephan</u>	16. BIRTHPLACE (city or town) (State or country) <u>Germany</u>
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17. INFORMANT <u>Justine Weber</u>	(Address) <u>Oakland Md.</u>
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18. BURIAL, CREMATION, OR REMOVAL Place <u>Crown Cemetery, Md.</u>	Date <u>Mar. 9th, 1936</u>
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19. UNDERTAKER <u>H. H. Chambers Co.</u>	(Address) <u>517-1/2 St. S.E.</u>
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20. FILED <u>3/6</u>	1936 Thos. J. Gaffett Registrar
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Mar 6, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

to 1934 to Mar 6, 1936
I last saw her alive on Mar 6, 1936, death is said
to have occurred on the date stated above, at 3:00 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cardiovascular renal disease

Other Contributory Causes of importance:

Wernera

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) James J. Gaffett M. D.(Address) Forest Hill Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921
	July 5, 1927
RECEIVED APR 8 1928	
Other contributory causes of importance: S.	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	APR 6 1936	July 5, 1927
Other contributory causes of importance:		
Gallstones		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

3175

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—**WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Prince Georges
Village or City Towmshend

95-L

Registration Dist. No. 240

St.

Ward

Length of residence in city or town where death occurred yrs.

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Jennie L. Towmshend
(a) Residence No. Towmshend, Md. St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>singe</u> (write the word)
----------------------	-------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) June 21 1849

7. AGE <u>87</u>	Years	Months <u>9</u>	Days	If LESS than 1 day, hrs. or min.
------------------	-------	-----------------	------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.	11. Total time (years) spent in this occupation
---	--

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town)
(State or country) Md13. NAME Mrs B. Towmshend14. BIRTHPLACE (city or town) Md
(State or country)15. MAIDEN NAME Rosana Dent16. BIRTHPLACE (city or town) Md
(State or country)17. INFDRMAN Mrs Alice Carter
(Address) Towmshend Md18. BURIAL, CREMATION, OR REMOVAL
Place Mc Grendree Date March 24, 193619. UNDERTAKER Towmshend & Pye
(Address) 22 adegf Md20. FILED May 22, 1936 Mrs. J. P. Smith
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 21, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Saw her after death, 19 ; death is saidI last saw h alive on , 19 ; death is said to have occurred on the date stated above, at .

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cardiac Dilatation
Date of onset

Primary Cause of cardiac dilatation: Unknown
CUREP.

Other Contributory Causes of importance:

Susceptibility
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19Where did Injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) G. O. Monroe M. D.
(Address) Waldorf Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	APR 4 1936	July 5, 1927
GODLUV. S.		

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

3176

1. PLACE OF DEATH

County Prince Georges
 Village or City Decatur Heights

(131)

Registration Dist. No. 231

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ludwig Wallis(a) Residence: No. 9 - Eleanor Ave.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE Unknown6. DATE OF BIRTH (month, day, and year) August 30 18557. AGE Years 81 Months 0 Days 0 If LESS than
1 day, ____ hrs.
or ____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. Manager of Oil Works10. Date deceased last worked at
this occupation (month and
year) Oct. 7 193611. Total time (years)
spent in the
occupation 25 yrs12. BIRTHPLACE (city or town)
(State or country) Danzig13. NAME Unknown14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Mrs. J. J. Johns and Daughter
(Address) 9 - Eleanor Ave. Decatur Heights18. BURIAL, CREMATION, OR REMOVAL
Place BLADENSBURG MD Date March 3, 1936
EVERGREEN CEMETERY19. UNDERTAKER F. GASCH'S SONS
(Address) HYATTSVILLE MD20. FILED March 1, 1936. Helen Slack
Fiscal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from

February 22, 1936, to March 1, 1936.I last saw him alive on March 1, 1936; death is said
to have occurred on the date stated above, at 7:30 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Generalized arteriosclerosis *Date of onset
Bronchopneumonia
Congestive heart failure
Hypertrophy of prostate
Thrombosis Chronic glomerulonephritis

Other Contributory Causes of importance:
Temporary hypostatic hemoptysis
congestion of lungs and
urinary tract

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Francis C. Gilligan M. D.(Address) 1314 East Capitol St.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED APR 6 1936	Date of onset
Chronic interstitial nephritis	SUREAU V. S.	1921
Cerebral hemorrhage		July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—**WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

3177

1. PLACE OF DEATH

County *Prince George's*

107-a

Registration Dist. No.

233

Village or City *Crown*

St. Ward

Length of residence in city or town where death occurred yrs.

No.
(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)*Male Colored Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of*April 6*

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than
11 27 1 day, hrs.
or min.*Mar 20 1935*

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)*Crown Del. Md*

MOTHER FATHER

13. NAME

*Joe Carter*14. BIRTHPLACE (city or town)
(State or country)*Va.*

15. MAIDEN NAME

*Aquie Washington*16. BIRTHPLACE (city or town)
(State or country)*Clinton Md.*

17. INFORMANT

(Address)

*George Brown**Crown*

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Rosaryville Mar 18 1936

19. UNDERTAKER

(Address)

*George E. Brown**Rosaryville Md.*

20. FILED

Date

Mar 17 1936 Ernest W. Garner

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

*Mar**17**1936*

22. I HEREBY CERTIFY, That I attended deceased from

Mar 16 1936 to *Mar 16 1936*I last saw him alive on *Mar 16 1936*; death is said to have occurred on the date stated above, at *6:45 a.m.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Bronchopneumonia**The bronchopneumonia was primary.**cwsr*

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) *William H. Gibbons* M. D.
(Address) *Crown Md.*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED APR 6 1936	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927

Other contributory causes of importance:

Gallstones		May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

For date of birth see birth certificate

STATE OF MARYLAND—CERTIFICATE OF DEATH

3178

1. PLACE OF DEATH

County Baltimore
Village or City Baltimore

(112)

Registration Dist. No.

231

N. B.—**WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

2. FULL NAME

Lillie Belle Hess Watson(a) Residence: No. 15 Marshall AveNo. 15 Marshall AveSt. 2 Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

3. SEX

FemalesWhite

4. COLOR OR RACE

Married5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Chas. S. Watson

6. DATE OF BIRTH (month, day, end year)

Sept. 17, 1883

7. AGE

5252

Years

Months

Days

If LESS than

1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
(this occupation (month and
year))Mar 2311. Total time (years)
spent in this
occupationHousekeeper

12. BIRTHPLACE (city or town)

Taneytown(State or country) Carroll Co., Md.

MOTHER

Chas. M. Hess

FATHER

Taneytown(State or country) Carroll Co., Md.

13. NAME

Elizabeth S. Bushley

14. BIRTHPLACE (city or town)

On Farm(State or country) Turner Co., Pa.

15. MAIDEN NAME

Mrs. John D. Bell

16. BIRTHPLACE (city or town)

173 W. Main St. Westminster(Address) Westminster, Md.

17. INFORMANT

John D. Bell(Address) 173 W. Main St. Westminster

18. BURIAL, Cremation, or Removal

Buried in family lot(Place) Westminster, Md.Date 3/26, 1936

19. UNDERTAKER

Francis J. Koch's Sons(Address) 547 Atwater, Md.

20. FILED

Mar 25, 1936

Helen Steele

Registrar

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May - 24

(Month)

1936 (Year)1936

22. I HEREBY CERTIFY. That I attended deceased from

Mar 24, 1936, to Mar 24, 1936I last saw him alive on Mar 24, 1936; death is said to have occurred on the date stated above, at 2:45 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Edema
Congestive heart disease
Chronic dilatation
An attack of asthma, causing the death

Other Contributory Causes of Importance:

AsthmaName of operation none Date of noneWhat test confirmed diagnosis? Wes there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury none, 1936

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis M. Jinal M. D.(Address) 1301 Park. 2nd & Calvert Sts. N. E. Washington, D. C.acting Barber

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	APR 6 1936 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	JULY 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset
Attack of epilepsy
Run over by street car
Peritonitis

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

3179

1. PLACE OF DEATH

County

Prince George

Ex-2

Registration Dist. No.

245

St. Ward

Village or City

Edmondston Md.

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

William Kelly Weems

If U. S. Veteran, specify WAR

(a) Residence:

Edmondston, Prince George, Md.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(Usual place of abode)

St.

Ward.

X If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Married Unknown

6. DATE OF BIRTH (month, day, and year)

Sept 1 1866

7. AGE

Years

69

Months

7

Days

17

If LESS than
1 day, _____ hrs.
or _____ min.

8. OCCUPATION

kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

Mar 16

11. Total time (years)
spent in this
occupation

12 yrs

12. BIRTHPLACE (city or town)

(State or country)

Alabama

MOTHER

FATHER

John Webster Weems

14. BIRTHPLACE (city or town)

(State or country)

Alabama

15. MAIDEN NAME

Rosalie Summers

16. BIRTHPLACE (city or town)

(State or country)

Alabama

17. INFIRMARY

(Address)

Helena K. Weems, Duvall
Heatonville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Baltimore Md.

Date

Mch 18/ 1936

19. UNDERTAKER

(Address)

H. L. Stacks, Sons
Heatonville Md.

20. FILED

Date

Mch 18/ 1936 Mrs. J. A. Stevens
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Mch 17

1936

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on Mar 17, 1936; death is said

to have occurred on the date stated above, at _____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of onset

Other Contributory Causes of importance:

Cerebral Hemorrhage

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Herbert J. Maffat Jr
Acting Coroner
Heatonville Md.

(Signed)

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset APR 8 1908
Chronic interstitial nephritis	1921
Cerebral hemorrhage	JULY 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

3150

1. PLACE OF DEATH

County Prince George
Village or City Fairmount Heights

Registration Dist. No. 242Length of residence in city or town where death occurred 12 yrs.No. 1100 Fairmount Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No. 11 Fairmount Ave
(Usual place of abode)

St., Ward.

X
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>(write the word)</u> <u>married</u>
--------------------	---------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofHester Wheeler6. DATE OF BIRTH (month, day, and year) Aug. 31, 1880

7. AGE <u>56</u> Years <u>55</u>	Months <u>8</u>	Days <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.
<u>street Sweeper</u>			

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>street Sweeper</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>West Col gov</u>
10. Date deceased last worked at this occupation (month and year) <u>March 1922</u>
11. Total time (years) spent in this occupation <u>?</u>

12. BIRTHPLACE (city or town)
(State or country) Charlotte N.C.13. NAME Edward Wheeler14. BIRTHPLACE (city or town)
(State or country) Charlotte N.C.15. MARION NAME ? Unknown16. BIRTHPLACE (city or town) P "
(State or country)17. INFORMANT Hester Wheeler
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Washington D.C. Date Mar. 23, 192619. UNDERTAKER J. L. Stevens
(Address) 30-91 st & 9th E20. FILED March 23, 1926 Grace Dow
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 22, 1936 (Year)

(Month) (Day)

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 28, 1936, to March 22, 1936I last saw him alive on March 22, 1936; death is said to have occurred on the date stated above, at 12:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pneumonia
Date of onset 3 weeks
290

Other Contributory Causes of importance:

Constant exposure
of occupation

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Harrison C. Belcher M.D.(Address) Fairmount Heights Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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- 11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	APR 4 1936	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	July 5, 1927	

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones May 1, 1923

Other contributory causes of importance:

Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

3181

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Prince George's
Village or City Seat Pleasant

1062

Registration Dist. No. 242

St., Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Julius Wiessner

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
<u>m</u>	<u>W</u>	<u>single</u>

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Aug 26, 18567. AGE Years 79 Months 6 Days 24 If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Dairyman
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Ret
 10. Date deceased last worked at this occupation (month and year) 3/3/35 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town)
(State or country) Md.13. NAME John Wiessner14. BIRTHPLACE (city or town)
(State or country) Germany15. MAIDEN NAME Mary Brix16. BIRTHPLACE (city or town)
(State or country) Germany17. INFORMANT Mr J Wiessner
(Address) Seat Pleasant Md18. BURIAL, CREMATION, OR REMOVAL
Place Addison Chapel Date 3-23, 193519. UNDERTAKER W W Chambers Co
(Address) 517-11 st & 10220. FILED May 20, 1936 John E. Wearl
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 20
(Month) (Day) 1936 (Year)22. I HEREBY CERTIFY. That I attended deceased from March 6, 1936, to March 20, 1936.I last saw him alive on March 19, 1936; death is said to have occurred on the date stated above, at 4:30 A.M.. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:a acute bronchitis
bronchopneumonia
angina pectoris
March 13

Other Contributory Causes of Importance:

bronchitis, pharyngitis,
March 6

Name of operation _____ Date of _____

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J M Brady M. D.(Address) Seat Pleasant Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	APR 4 1936	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	JULY 8	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

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STATE OF MARYLAND—CERTIFICATE OF DEATH

3182

1. PLACE OF DEATH.

County

Prince George

94a

Registration Dist. No. 230

Village or City

Bettsville Md.

St.,

Ward

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Henry Lee Shilberg

St.,

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male white Married

Sa. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Florence Shilberg

6. DATE OF BIRTH (month, day, and year)

Apr-17th 1876Years Months Days If LESS than
59 111 1 1 day, hrs.
 or min.

7. AGE

8. Trade, profession, or particular kind of work done, as SPINNER,
SAWER, BOOKKEEPER, etc.9. Industry or business in which work was done, as SILK MILL,
SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

MOTHER

FATHER

13. NAME

Henry Shilberg

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Angeline Shilberg

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

(Address)

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 18
(Month) (Day)1936
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

March 10, 1936, to March 18, 1936
I last saw him alive on March 15, 1936; death is said to have occurred on the date stated above, at 1 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Angina pectoris

Date of onset
about
6 mrs.

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased

If so, specify

(Signed)

(Address)

M. D.

W. Allen Griffith
Berwyn

UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis		Date of onset
Chronic interstitial nephritis.	LIVED	1915
Cerebral hemorrhage		1921
	APR 6 1936	July 5, 1927
Other contributory causes of importance:	RUPPRAU V. S.	
Gallstones		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago
	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN